Debtor 1	John Thoma	s Luciano					
	First Name	Middle	Name	Last Name			
Debtor 2 Spouse, if filing)	First Name	Middle	e Name	Last Name			
Inited States Bar	akruntov Court for	the: EASTERN	DISTRICT OF I	PENNSYI VANIA			
Jintod Otatoo Bai	inapitoy Court for		5.6111.61 61 1				
Case number _1	8-13207						Check if this is an amended filing
Official Fo	rm 106A/B	1					
	e A/B: Pr	_					12/15
nink it fits best. Be formation. If more nswer every quest	e as complete and a space is needed, a tion.	accurate as possibl attach a separate sl	e. If two married heet to this form.	ce. If an asset fits in more than people are filing together, both On the top of any additional pa	are equally resp	onsible for su	pplying correct
	·						
_	, , ,	uitable interest in a	ıny residence, bi	ıilding, land, or similar property	ſ		
No. Go to Part							
Yes. Where is	the property?						
	,						
	,						
.1	,		What is the p	roperty? Check all that apply			
.1 729 S. 9th	, , ,		•	roperty? Check all that apply family home	Do not ded	uct secured cla	ims or exemptions. Put
729 S. 9th	, , ,	cription	Single-		the amount	of any secured	d claims on Schedule D:
729 S. 9th	St	cription	■ Single-	family home	the amount	of any secured	
729 S. 9th	St	cription	Single- Duplex Condo	family home or multi-unit building	the amount Creditors V	t of any secured Who Have Clain	d claims on Schedule D: ns Secured by Property.
729 S. 9th	St f available, or other dese	cription 19147-0000	Single- Duplex Condo	family home or multi-unit building minium or cooperative	the amount	t of any secured Who Have Clain	d claims on <i>Schedule D:</i>
729 S. 9th Street address, it	St f available, or other dese		Single- Duplex Condor Manufa Land Investn	family home or multi-unit building minium or cooperative actured or mobile home	the amount Creditors V Current va entire prop	t of any secured Who Have Clain	d claims on Schedule D: as Secured by Property. Current value of the portion you own?
729 S. 9th Street address, i	St f available, or other desc nia PA	19147-0000	Single- Duplex Condor Manufa Land Investn	family home or multi-unit building minium or cooperative actured or mobile home	Current va entire prop	t of any secured who Have Clain lue of the perty? 54,400.00 he nature of years.	d claims on Schedule D: as Secured by Property. Current value of the portion you own? \$554,400.00 our ownership interest
729 S. 9th Street address, i	St f available, or other desc nia PA	19147-0000	Single- Duplex Condor Manufa Land Investn Timesh Other	family home or multi-unit building minium or cooperative actured or mobile home	Current va entire prop	t of any secured who Have Clain lue of the perty? 54,400.00 he nature of years.	Current value of the portion you own? \$554,400.00
729 S. 9th Street address, i	St f available, or other described in the state of the st	19147-0000	Single- Duplex Condor Manufa Land Investn Timesh Other	family home or multi-unit building minium or cooperative actured or mobile home nent property are interest in the property? Check on	Current va entire prop	t of any secured who Have Clain lue of the perty? 54,400.00 he nature of your simple, tens	Current value of the portion you own? \$554,400.00
729 S. 9th Street address, is Philadelph City Philadelph	St f available, or other described in the state of the st	19147-0000	Single- Duplex Condor Manufa Land Investn Timesh Other Who has an in Debtor	family home or multi-unit building minium or cooperative actured or mobile home ment property hare nterest in the property? Check on 1 only 2 only	Current va entire prop	t of any secured who Have Clain lue of the perty? 54,400.00 he nature of your simple, tens	current value of the portion you own?
729 S. 9th Street address, i	St f available, or other described in the state of the st	19147-0000	Single- Duplex Condor Manufa Land Investn Other Who has an in Debtor Debtor	family home or multi-unit building minium or cooperative actured or mobile home nent property nare nterest in the property? Check on 1 only 2 only 1 and Debtor 2 only	Current va entire prop \$55 Describe t (such as fe a life estate	t of any secured who Have Claim alue of the perty? 54,400.00 he nature of your se simple, tense, if known.	Current value of the portion you own? \$554,400.00
729 S. 9th Street address, is Philadelph City Philadelph	St f available, or other described in the state of the st	19147-0000	Single- Duplex Condor Manufa Land Investn Other Who has an in Debtor Debtor At leas	family home or multi-unit building minium or cooperative actured or mobile home nent property hare nterest in the property? Check on 1 only 2 only 1 and Debtor 2 only t one of the debtors and another	Current va entire prop \$55	t of any secured who Have Clain alue of the perty? 54,400.00 he nature of yee simple, tense), if known.	Current value of the portion you own? \$554,400.00 our ownership interest ancy by the entireties, or
729 S. 9th Street address, is Philadelph City Philadelph	St f available, or other described in the state of the st	19147-0000	Single- Duplex Condor Manufa Land Investn Other Who has an in Debtor Debtor At leass Other informa	family home or multi-unit building minium or cooperative actured or mobile home nent property nare nterest in the property? Check on 1 only 2 only 1 and Debtor 2 only	Current va entire prop \$55	t of any secured who Have Clain alue of the perty? 54,400.00 he nature of yee simple, tense), if known.	Current value of the portion you own? \$554,400.00 our ownership interest ancy by the entireties, or
Philadelph City Philadelph	St f available, or other described in the state of the st	19147-0000	Single- Duplex Condor Manufa Land Investn Other Who has an in Debtor Debtor At leass Other informa	family home or multi-unit building minium or cooperative actured or mobile home nent property hare nterest in the property? Check on 1 only 2 only 1 and Debtor 2 only t one of the debtors and another action you wish to add about this	Current va entire prop \$55	t of any secured who Have Clain alue of the perty? 54,400.00 he nature of yee simple, tense), if known.	Current value of the portion you own? \$554,400.00 our ownership interest ancy by the entireties, or

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Deb	юг <u></u>	onn Inomas Luciano		Case number (if known)	18-13207
3. C	ars, vans,	trucks, tractors, sport utility ve	ehicles, motorcycles		
П	No				
_	Yes				
	100				
3.1	Make:	BMW	Who has an interest in the property? Check one		red claims or exemptions. Put secured claims on Schedule D:
	Model:	X5	Debtor 1 only		e Claims Secured by Property.
	Year:	2008	Debtor 2 only	Current value of the	ne Current value of the
		mate mileage: 125000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	formation:	At least one of the debtors and another		
			☐ Check if this is community property (see instructions)	\$7,600.	\$7,600.00
5 A p	3: Descri	have attached for Part 2. Write be Your Personal and Household It	terest in any of the following items?		\$7,600.00 Current value of the portion you own? Do not deduct secured claims or exemptions.
_	Yes. De	escribe			
		Hiousehold Go	ods and Furnishings		\$3,000.00
8. C	No Yes. De	Televisions and radios; audio, vid including cell phones, cameras, rescribe	prints, or other artwork; books, pictures, or other		
	Yes. De				
E		musical instruments	nd other hobby equipment; bicycles, pool tables, g	golf clubs, skis; canoes a	nd kayaks; carpentry tools;
10. i	Firearms	∵Pistols, rifles, shotguns, ammun	ition, and related equipment		

De	ebtor 1	John Thomas Lucia	ano	Case number	(if known)	18-13207	
	Clothes Example		rs, leather coats, de	signer wear, shoes, accessories			
		Describe					
		Woari	ing Apparel		7		\$300.00
		wear	my Apparer				
	■ No	les: Everyday jewelry, co	stume jewelry, enga	gement rings, wedding rings, heirloom jewelry, watche	es, gems, g	gold, silver	
	⊔ Yes.	Describe					
	Exampl	m animals les: Dogs, cats, birds, ho	rses				
	■ No	.					
	⊔ Yes.	Describe					
14.	Any oth ■ No	er personal and house	hold items you did	not already list, including any health aids you did	not list		
	☐ Yes.	Give specific information	l				
15				Part 3, including any entries for pages you have att	ached		\$3,300.00
		cribe Your Financial Asse		a any of the following?		Current	value of the
D	you ow	n or have any legal or e	equitable interest ii	rany of the following?		portion y Do not de	value of the you own? educt secured exemptions.
	□ No		-	ome, in a safe deposit box, and on hand when you file	your petiti	on	
	Yes						
				Cash			\$20.00
	Example Distribution			ounts; certificates of deposit; shares in credit unions, b s with the same institution, list each. Institution name: United Savings Bank	orokerage l	nouses, and ot	her similar
		17.1.	Checking	Checking xxxxx8985			\$100.00
		17.2.	Checking	Unted Savings Bank Checking xxxxxx			\$0.00
		17.3.	Checking	Wells Fargo Bank Checking xxxxx			\$200.00
		mutual funds, or publicles: Bond funds, investm		okerage firms, money market accounts			
			Institution or issuer	name:			

Schedule A/B: Property

Official Form 106A/B

D	ebtor 1 John Thomas	Luciano		Case number (if known)	8-13207
19	. Non-publicly traded storioint venture □ No	ck and interests in incorpor	rated and unincorporated busin	nesses, including an interest in	an LLC, partnership, and
	Yes Give specific info	rmation about them			
	— Too. Give opposite title	Name of entity:		% of ownership:	
		ELA Management, LL D/B/A Johnny Looch	.c		
		No Not Dealleable Ve	de a	100% %	\$0.00
		No Net Realizabke Va	alue		Ψ0.00
20.	Negotiable instruments in	nclude personal checks, cash	able and non-negotiable instruiers' checks, promissory notes, a sfer to someone by signing or de	nd money orders.	
	Yes. Give specific inform	mation about them Issuer name:			
24	Detirement or nension of				
∠ 1.	 Retirement or pension a Examples: Interests in IR No 		3(b), thrift savings accounts, or o	ther pension or profit-sharing pla	ns
	☐ Yes. List each account	separately. Type of account:	Institution name:		
22.	Examples: Agreements v	deposits you have made so t	hat you may continue service or ublic utilities (electric, gas, water)	use from a company , telecommunications companies	, or others
	■ No □ Yes		Institution name or individua	al:	
23.	. Annuities (A contract for	a periodic payment of money	to you, either for life or for a num	nber of years)	
	No		·	• ,	
	Yes Issu	uer name and description.			
24.	. Interests in an education 26 U.S.C. §§ 530(b)(1), 52		alified ABLE program, or under	r a qualified state tuition progra	am.
	• • •	titution name and description.	Separately file the records of any	y interests.11 U.S.C. § 521(c):	
25	. Trusts, equitable or futu ■ No	ure interests in property (oth	ner than anything listed in line	1), and rights or powers exerci	sable for your benefit
	☐ Yes. Give specific infor	rmation about them			
26	Examples: Internet doma	demarks, trade secrets, and ain names, websites, proceeds	other intellectual property s from royalties and licensing agr	reements	
	■ No□ Yes. Give specific infor	rmation about them			
27.		nd other general intangibles nits, exclusive licenses, coope	; rative association holdings, liquo	r licenses, professional licenses	
	Yes. Give specific infor	rmation about them			
М	oney or property owed to	you?			Current value of the
	, , , ,				portion you own? Do not deduct secured claims or exemptions.
28	. Tax refunds owed to yo	u			
	■ No				
	☐ Yes. Give specific information.	mation about them, including	whether you already filed the retu	urns and the tax years	

	DIOI I	John Thomas Euclano		10-13201
29.		support bles: Past due or lump sum alimony, spousal support, child support	, maintenance, divorce settlement, property s	ettlement
	_	Give specific information		
		amounts someone owes you oles: Unpaid wages, disability insurance payments, disability benefi benefits; unpaid loans you made to someone else	ts, sick pay, vacation pay, workers' compens	ation, Social Security
		Give specific information		
		ets in insurance policies oles: Health, disability, or life insurance; health savings account (HS	6A); credit, homeowner's, or renter's insuranc	е
	☐ Yes.	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
32.	If you	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insune has died.	rance policy, or are currently entitled to recei	ve property because
	☐ Yes.	Give specific information		
	Examp	against third parties, whether or not you have filed a lawsuit of oldes: Accidents, employment disputes, insurance claims, or rights to		
	■ No □ Yes.	Describe each claim		
34.	Other	contingent and unliquidated claims of every nature, including	counterclaims of the debtor and rights to	set off claims
		Describe each claim		
35.	Any fir ■ No	nancial assets you did not already list		
	□ Yes.	Give specific information		
36		the dollar value of all of your entries from Part 4, including any art 4. Write that number here		\$320.00
Pa	rt 5: De	scribe Any Business-Related Property You Own or Have an Interest In.	List any real estate in Part 1.	
		own or have any legal or equitable interest in any business-related prop to Part 6.	perty?	
١	Yes. C	Go to line 38.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accou ■ No	nts receivable or commissions you already earned		
		Describe		
39.		equipment, furnishings, and supplies oles: Business-related computers, software, modems, printers, copi	ers, fax machines, rugs, telephones, desks, o	chairs, electronic devices
		Describe		

Debtor 1	John Thomas Luciano	Case number (if known)	18-13207
	ninery, fixtures, equipment, supplies you use in business, and tools of your trade	•	
□ No			
■ Ye	s. Describe		
	DJ Equipment		\$2,000.00
		·	
41. Inve			
■ No			
⊔ Ye	s. Describe		
	ests in partnerships or joint ventures		
■ No			
Ll Ye	s. Give specific information about them Name of entity:	% of ownership:	
43. Cust ■ _{No.}	omer lists, mailing lists, or other compilations		
	our lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
	■ No		
	Yes. Describe		
44 Anv	business-related property you did not already list		
■ No	······································		
	s. Give specific information		
	the dollar value of all of your entries from Part 5, including any entries for page	s you have attached	\$2,000.00
for	Part 5. Write that number here		φ2,000.00
	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest f you own or have an interest in farmland, list it in Part 1.	ln.	
46. Do y	ou own or have any legal or equitable interest in any farm- or commercial fishing	-related property?	
	o. Go to Part 7.		
ΠY	es. Go to line 47.		
	<u></u>		
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above		
Exa	ou have other property of any kind you did not already list? mples: Season tickets, country club membership		
■ No			
⊔ Ye	s. Give specific information		
54. Ad	the dollar value of all of your entries from Part 7. Write that number here		\$0.00

Deb	tor 1	John Thomas Luciano			Case number (if known)	18-13207	
Part	8:	List the Totals of Each Part of this Form					
55.	Part 1	1: Total real estate, line 2					\$554,400.00
56.	Part 2	2: Total vehicles, line 5		\$7,600.00			
57.	Part 3	3: Total personal and household items, line 15		\$3,300.00			
58.	Part 4	4: Total financial assets, line 36		\$320.00			
59.	Part 5	5: Total business-related property, line 45		\$2,000.00			
60.	Part 6	6: Total farm- and fishing-related property, line 52		\$0.00			
61.	Part 7	7: Total other property not listed, line 54	+	\$0.00			
62.	Total	personal property. Add lines 56 through 61	_	\$13,220.00	Copy personal property to	otal	\$13,220.00
						1	

Schedule A/B: Property

page 7

\$567,620.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Fill in this information to identify your case:								
Debtor 1	John Thomas Luc	ciano						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		EASTERN DISTRICT O	PF PENNSYLVANIA					
Case number	18-13207							
(if known)	10-13207				☐ Check if this is an amended filing			

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.					
	729 S. 9th St Philadelphia, PA 19147	\$554,400.00		\$0.00	11 U.S.C. § 522(d)(1)				
	Philadelphia County Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	2008 BMW X5 125000 miles Line from Schedule A/B: 3.1	\$7,600.00		\$0.00	11 U.S.C. § 522(d)(2)				
	Line nom ochedate AB. 4.1			100% of fair market value, up to any applicable statutory limit					
	Hiousehold Goods and Furnishings Line from Schedule A/B: 6.1	\$3,000.00		\$3,000.00	11 U.S.C. § 522(d)(3)				
	Line from Scriedule A/B: 0.1			100% of fair market value, up to any applicable statutory limit					
	Wearing Apparel	\$300.00		\$300.00	11 U.S.C. § 522(d)(3)				
	Line from Scriedule AVB: 11.1			100% of fair market value, up to any applicable statutory limit					
	Cash Line from Schedule A/B: 16.1	\$20.00		\$20.00	11 U.S.C. § 522(d)(5)				
	Line Irom Scheaule A/B: 10.1			100% of fair market value, up to any applicable statutory limit					

exemption
exemption
5)
5)
5)
5)
6)
;)
;)
5)
5)
5)
5

Fill in this informat	tion to identify you	r case:			
Debtor 1	John Thomas L	uciano			
-	First Name	Middle Name Last Name		-	
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name		-	
United States Bankr	uptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANI	A	_	
Casa number 40	10007				
Case number 18-	-13207			☐ Check	if this is an
(_	led filing
					iou ming
Official Form	106D				
Schedule D	: Creditors	Who Have Claims Secur	ed by Propert	·V	12/15
ochedale b	· Orcartors	Tillo Have Glaims Geedin	cu by 1 topete	· y	12/13
		If two married people are filing together, both are out, number the entries, and attach it to this form			
1. Do any creditors ha	ve claims secured by	your property?			
	_	nis form to the court with your other schedules.	You have nothing else	to report on this form	
_		·	. Tod flave floating cloc	to report on this form.	
Yes. Fill in all	l of the information l	below.			
Part 1: List All S	Secured Claims		0:1 1	0.1 5	0.10
		more than one secured claim, list the creditor separat		Column B	Column C
		 a particular claim, list the other creditors in Part 2. A cal order according to the creditor's name. 	s Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
		our oracle according to the creation of hame.	value of collateral.	claim	If any
2.1 Credit Acce	ptance	Describe the property that secures the claim:	\$18,973.00	\$7,600.00	\$11,373.00
Creditor's Name		2008 BMW X5 125000 miles			
SEEDE Wood	40 Mile Dd				
25505 West Suite 3000	12 Wille Ru	As of the date you file, the claim is: Check all that	J		
Southfield, I	MI 48034	apply. Contingent			
	ty, State & Zip Code	☐ Unliquidated			
	y, out a zip ooue	☐ Disputed			
Who owes the debt?	? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only		car loan)			
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien))		
At least one of the	debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim	n relates to a	☐ Other (including a right to offset)			
community debt					
	Opened				
	01/16 Last				
	Active				
Date debt was incurre	ed 3/25/17	Last 4 digits of account number 717	5		
2.2 Prudential S	Savings Ban	Describe the property that secures the claim:	\$589,924.00	\$554,400.00	\$35,524.00
Creditor's Name		729 S. 9th St Philadelphia, PA 19147			
		Philadelphia County			
1834 W Oreg	aon Avo	As of the date you file, the claim is: Check all that	J		
Philadelphia		apply.			
	ty, State & Zip Code	☐ Contingent ☐ Unliquidated			
	.,, a <u></u> .p 0000	☐ Disputed			
Who owes the debt?	? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only		car loan)			
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien))		
At least one of the	debtors and another	☐ Judgment lien from a lawsuit			

Debtor 1 John Thomas Luciano			Case numb	oer (if know)	18-13207	
First Name	Middle Na	me Last Name				
☐ Check if this claim re community debt	elates to a	Other (including a right to offset)				
Date debt was incurred	Opened 08/09 Last Active 6/29/13	Last 4 digits of account number	0024	_		
	of your form, add t	olumn A on this page. Write that number he dollar value totals from all pages.	nere:	\$608,897. \$608,897.		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in th	is information to identify your case:				
Debtor 1	Com monas Euclane				
		iddle Name Last Name			
Debtor 2 (Spouse if,		iddle Name Last Name			
	•				
United S	tates Bankruptcy Court for the: EASTE	ERN DISTRICT OF PENNSYLVANIA			
Case nu	mber 18-13207				
(if known)				☐ Chec	ck if this is an
				ame	nded filing
O.C	LE 400E/E				
	I Form 106E/F				
	dule E/F: Creditors Who Ha	ave Unsecured Claims for creditors with PRIORITY claims and Part 2 for			12/15
eft. Attac		Property. If more space is needed, copy the Par have no information to report in a Part, do not t			
Part 1:	List All of Your PRIORITY Unsecured	l Claims			
1. Do a	ny creditors have priority unsecured claims	against you?			
ΠN	o. Go to Part 2.				
■ Y	es.				
identi possi	fy what type of claim it is. If a claim has both pri	ditor has more than one priority unsecured claim, listority and nonpriority amounts, list that claim here and to the creditor's name. If you have more than twaim, list the other creditors in Part 3.	and show both priority a	and nonpriority amo	unts. As much as
(For a	an explanation of each type of claim, see the ins	structions for this form in the instruction booklet.)	Total claim	Priority	Nonpriority
				amount	amount
	Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number	\$0.00	\$0.0	90.00
	Unsolvency Unit	When was the debt incurred?			
	P.O. Box 7346			-	
	Philadelphia, PA 19101-7346				
	Number Street City State ZIp Code	As of the date you file, the claim is: Check a	all that apply		
_	o incurred the debt? Check one.	☐ Contingent			
_	Debtor 1 only	☐ Unliquidated			
Ц	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
■,	At least one of the debtors and another	☐ Domestic support obligations			
	Check if this claim is for a community debt	■ Taxes and certain other debts you owe the	government		
	ne claim subject to offset?	☐ Claims for death or personal injury while yo	•		
	- No	☐ Other. Specify			
					<u> </u>

De	btor 1 John Thomas Luciano	Case number (if know)	18-13207	
2.2	Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number \$0.0	\$0.00	\$0.00
	Unsolvency Unit P.O. Box 7346	When was the debt incurred?		
	Philadelphia, PA 19101-7346			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	Contingent		
	_ ,	Unliquidated		
	Debtor 2 only	Disputed		
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
	At least one of the debtors and another	☐ Domestic support obligations		
	☐ Check if this claim is for a community debt	Taxes and certain other debts you owe the government		
	Is the claim subject to offset?	☐ Claims for death or personal injury while you were intoxicated		
	■ No □ Yes	Other. Specify		
2.3	Pennsylvania Dept. of Revenue Priority Creditor's Name	Last 4 digits of account number \$0.0	00 \$0.00	\$0.00
	Dept 280948 Harrisburg, PA 17128-2601	When was the debt incurred?	_	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	☐ Unliquidated		
	Debtor 2 only	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
	At least one of the debtors and another	☐ Domestic support obligations		
	☐ Check if this claim is for a community debt	Taxes and certain other debts you owe the government		
	Is the claim subject to offset?	☐ Claims for death or personal injury while you were intoxicated		
	■ No	Other. Specify		
	Yes			
2.4	Pennsylvania Dept. of Revenue Priority Creditor's Name	Last 4 digits of account number \$0.0	00 \$0.00	\$0.00
	Dept 280948 Harrisburg, PA 17128-2601	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	☐ Unliquidated		
	Debtor 2 only	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
	At least one of the debtors and another	☐ Domestic support obligations		
	\square Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government		
	Is the claim subject to offset?	\square Claims for death or personal injury while you were intoxicated		
	■ No	Other. Specify		
	☐ Yes			
Pa	rt 2: List All of Your NONPRIORITY Unsecu	red Claims		
3.	Do any creditors have nonpriority unsecured claim	s against you?		
	\square No. You have nothing to report in this part. Submit to	this form to the court with your other schedules.		
	Yes.			
4.	unsecured claim, list the creditor separately for each cl	alphabetical order of the creditor who holds each claim. If a creaim. For each claim listed, identify what type of claim it is. Do not list creditors in Part 3.If you have more than three nonpriority unsecure	t claims already included in F	art 1. If more

Total claim

Debtor	1 John Thomas Luciano		Case number (if know) 18-13207	
4.1	Ally Financial	Last 4 digits of account number	2391	\$8,566.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438	When was the debt incurred?	Opened 10/14 Last Active 11/06/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	■ At least one of the debtors and another □ Check if this claim is for a community debt		d claim:	
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Automobile		
4.2	Eastern Account System INC Nonpriority Creditor's Name	Last 4 digits of account number	1815	\$0.00
	P.O. Box 837 Newtown, CT 06470	When was the debt incurred?	Opened 09/11	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent		
	Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	ls the claim subject to offset?	□ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify	Attorney Comcast Cable j Eq	
4.3	First Financial Resour Nonpriority Creditor's Name	Last 4 digits of account number	3254	\$188.00
	One Clarks Hill Framingham, MA 01702	When was the debt incurred?	Opened 10/12 Last Active 04/12	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	-	
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Medical De	bt Navix Diagnostix IncNmc	

Debtor	1 John The	omas Luciano		Case nu	umber (if know)	18-13207	
	Mb Fin Svc		Last 4 digits of account number	7614			\$0.00
	6111 N Rive Rosemont,	er Rd	When was the debt incurred?	Open 7/22/0	ed 4/22/05 8	Last Active	
		City State Zlp Code the debt? Check one.	As of the date you file, the claim i	is: Check	all that apply		
	Debtor 1 on		П				
	Debtor 2 on	•	☐ Contingent				
			Unliquidated				
	_	nd Debtor 2 only	☐ Disputed				
	At least one	e of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
		is claim is for a community	Student loans				
	debt	http://www.ffc.com	Obligations arising out of a sepa	aration agr	eement or divord	ce that you did not	
	_	ubject to offset?	report as priority claims				
	No		Debts to pension or profit-sharing	ıg plans, a	ind other similar	debts	
	Yes		Other. Specify Auto Lease)			
4.5	PECO ENE	RGY COMPANY	Last 4 digits of account number	1005			\$0.00
	Nonpriority Cre		-				·
	2301 Marke	Service Center et Street ia, PA 19103	When was the debt incurred?				
		City State Zlp Code	As of the date you file, the claim i	is: Check	all that apply		
		the debt? Check one.	•		11.7		
	☐ Debtor 1 on	ıly	☐ Contingent				
	Debtor 2 on	ılv	☐ Unliquidated				
		nd Debtor 2 only	☐ Disputed				
	_	·	Type of NONPRIORITY unsecured	d claim:			
		e of the debtors and another	Student loans	u ciaiiii.			
	☐ Check if the debt	is claim is for a community		4:		414	
		ubject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agr	eement or divorc	ce that you did not	
	■ No	•	☐ Debts to pension or profit-sharin	ng plans a	and other similar	debts	
	□ Yes						
			Other. Specify				
Part 3:	List Other	s to Be Notified About a Debt	That You Already Listed				
is tryir have n	ng to collect from	om you for a debt you owe to some		Parts 1 c	or 2, then list the	e collection agency	here. Similarly, if you
	he amounts of f unsecured cla		s. This information is for statistical r	eporting p	purposes only.	28 U.S.C. §159. Add	d the amounts for each
					Tot	al Claim	
	6a.	Domestic support obligations		6a.	\$	0.00	
Т	otal				·	0.00	-
cla from Pa	nims art 1 6h	Taxes and certain other debts y	ou owe the government	6b.	¢	0.00	
	6c.	•	<u> </u>	6c.	\$	0.00	-
	6d.		ured claims. Write that amount here.	6d.	\$	0.00	-
							-
	6e.	Total Priority. Add lines 6a through	ıh 6d.	6e.	\$	0.00	_
	C.	Student loans		6f		al Claim	
т	6f. 'otal	Student loans		6f.	\$	0.00	-
cla	nims						
from Pa	art 2 6g.	Obligations arising out of a sepa you did not report as priority cla	aration agreement or divorce that nims	6g.	\$	0.00	-

Debtor 1 John Thomas Luciano

Case number (if know) 18-13207

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

Debts to pension or profit-sharing plans, and other similar debts

6i.

6j. Total Nonpriority. Add lines 6f through 6i. 6h. 0.00 8,754.00 6j. 8,754.00

Fill in this infor	Fill in this information to identify your case:							
Debtor 1	John Thomas Luc	ciano						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F PENNSYLVANIA					
Case number	18-13207							
(if known)	10-10201				☐ Check if this is an amended filing			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5				+	
	Name				_
	Number	Street			
	City		State	ZIP Code	

Fill in thi	s information to identify your	case:		
Debtor 1	John Thomas Lu	Iciano Middle Name	Last Name	
Debtor 2	i iistivaine	Middle Name	Last Name	
(Spouse if, f	ling) First Name	Middle Name	Last Name	
United St	ates Bankruptcy Court for the:	EASTERN DISTRICT O	PENNSYLVANIA	
Case nur	nber 18-13207			
(if known)	_10 10201			☐ Check if this is an amended filing
Officia	al Form 106H			
Sche	dule H: Your Cod	ebtors		12/15
fill it out, your nam	and number the entries in the e and case number (if known	boxes on the left. Attach). Answer every question	n the Additional Page to this pa	ore space is needed, copy the Additional Page, age. On the top of any Additional Pages, write debtor.
	1			
■ Ye				
2 \/	thin the last 9 years, have you	u lived in a community n	ronarty atata or tarritory? (Com	amunity property states and torritories include
			erto Rico, Texas, Washington, a	nmunity property states and territories include nd Wisconsin.)
■ No	o. Go to line 3.			
_	es. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?	
in lin Forn	e 2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make sure you	spouse is filing with you. List the person shown u have listed the creditor on Schedule D (Official e Schedule D, Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		umn 2: The creditor to whom you owe the debt eck all schedules that apply:
3.1	Nikki Luciano			Schedule D, line
	729 S. 9th Street			Schedule E/F, line 4.1
	Philadelphia, PA 19147			Schedule G Financial
3.2	Nikki Luciano		= 5	Schedule D, line 2.1
	729 S. 9th Street			Schedule E/F, line
	Philadelphia, PA 19147			Schedule G
			Cre	edit Acceptance
3.3	Nikki Luciano			Schedule D, line
	729 S. 9th Street			Schedule E/F, line 4.2
	Philadelphia, PA 19147			Schedule G
			Eas	stern Accou <mark>nt Sy</mark> stem INC

	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.4	Nikki Luciano	☐ Schedule D, line
	729 S. 9th Street	■ Schedule E/F, line 4.3
	Philadelphia, PA 19147	☐ Schedule G
		First Financial Resour
3.5	Nikki Luciano	☐ Schedule D, line
	729 S. 9th Street	■ Schedule E/F, line 2.1
	Philadelphia, PA 19147	☐ Schedule G
		Internal Revenue Service
3.6	Nikki Luciono	□ Cabadula D. lina
3.0	Nikki Luciano 729 S. 9th Street	Schedule D, line
	Philadelphia, PA 19147	■ Schedule E/F, line <u>2.2</u> □ Schedule G
	•	Internal Revenue Service
		Internal Nevenue Convice
3.7	Nikki Luciano	☐ Schedule D, line
	729 S. 9th Street	■ Schedule E/F, line 4.4
	Philadelphia, PA 19147	☐ Schedule G
		Mb Fin Svcs
3.8	Nikki Luciano	□ Schodulo D. lino
0.0	729 S. 9th Street	☐ Schedule D, line ■ Schedule E/F, line 4.5
	Philadelphia, PA 19147	□ Schedule G
		PECO ENERGY COMPANY
3.9	Nikki Luciano	☐ Schedule D, line
	729 S. 9th Street Philadelphia, PA 19147	Schedule E/F, line2.3
	i illiadelpilia, i A 13147	☐ Schedule G
		Pennsylvania Dept. of Revenue
3.10	Nikki Luciano	☐ Schedule D, line
	729 S. 9th Street	Schedule E/F, line 2.4
	Philadelphia, PA 19147	□ Schedule G
		Pennsylvania Dept. of Revenue

	Additional Days to List Mans Codebtons	
	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.11	Nikki Luciano 729 S. 9th Street	■ Schedule D, line <u>2.2</u>
		☐ Schedule E/F, line
	Philadelphia, PA 19147	☐ Schedule G
		Prudential Savings Ban

Case number (if known) 18-13207

Debtor 1 **John Thomas Luciano**

Fill	in this information to identify your ca	ase:				1				
	otor 1 John Thoma									
	otor 2				_					
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	4	_					
(If kr	fficial Form 106l		-			Check if this is An amende A supplem 13 income	ed fili ent sl	howing	g postpetition ollowing date:	
	chedule I: Your Inc	omo				MM / DD/ Y	/YYY			12/15
sup spo atta	. ,	are married and not filing w	ng jointly, and your ith you, do not inclu	spouse i de inforr	s liv nati	ring with you, inc on about your sp	lude ouse	inform . If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or r	ıon-fil	ling spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status Occupation	■ Employed □ Not employed			□ Empl □ Not e	-			
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?							
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any	line, write \$0 in the	spa	ce. Inc	slude your no	n-filing
•	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informatio	n for all e	mpl	oyers for that perso	on on	the lir	nes below. If	you need
						For Debtor 1			otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$		N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$.	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00		\$	N/A	

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data. If it	Deb	tor 1	John Thomas Luciano	_		Case no	umber (<i>if kr</i>	own)	18-1	3207		
5. List all payroll deductions: 5a. Tax, Medicaro, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. No. 0.00 \$ N/A 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ N/A 5c. Required repayments of retirement fund loans 5c. \$ 0.00 \$ N/A 5c. Insurance 5c. \$ 0.00 \$ N/A 5c. Union dues 5c. \$ 0.00 \$ N/A 5c. Other deductions. Specify: 6c. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5fh, 6. \$ 0.00 \$ N/A 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 8c. List all other income regularly received: 8a. Not income from retail property and from operating a business, profession, or farm professio		Cop	y line 4 here	4.				0.00	non		spouse	
5a. Tax, Modicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. Required repayments of retirement fund loans 5d. NiA 5d. Domestic support obligations 5f. S. 0.00 \$ NiA 5f. Domestic support obligations 5f. \$ 0.00 \$ NiA 5f. Other deductions. Add lines 5a+5b+5c+5c+5d+5e+5f+5g+5h. 5g. Vino duse 5g. Vino dus 5g. Vino dus 5g. Vino dus 5g.	5	l ist										
55. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. So. 0.00 \$ N/A 5c. Required repayments of retirement fund loans 5c. No. 0.00 \$ N/A 5c. Insurance 5c. \$ 0.00 \$ N/A 5c. Family support payments that you, a non-filling spouse, or a dependent regularly receive 1clude allmony, spousal support, child support, maintenance, divorce 5c. \$ 0.00 \$ N/A 5c. Social Security 5c. \$ 0.00 \$ N/A 5c. Social Security 6c. \$ 0.00 \$ N/A 5c. Social Security 6c. \$ 0.00 \$ N/A 6c. \$ 0.00 \$ N/A 6c. \$ 0.00 \$ N/A 6c. Social Security 6c. \$ 0.00 \$ N/A 6c. \$ 0.00 \$ N/A 6c. Social Security 6c. \$ 0.00 \$ N/A 6c. Social Security 6c. \$ 0.00 \$ N/A 6c. \$ 0.	J.		• •	5:	а	\$. ^^	\$		NI/	٨
50. Voluntary contributions for retirement plans 50. Required repayments of retirement fund loans 50. Required repayments of retirement fund loans 50. Required repayments of retirement fund loans 50. NiA 50. Insurance 50. S 0.000 \$ NIA 50. Union dues 51. Domestic support obligations 52. Union dues 53. Outlier deductions. Specify: 54. S 0.000 \$ NIA 55. Other deductions. Specify: 55. S 0.000 \$ NIA 56. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ NIA 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.000 \$ NIA 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net Income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include allimory, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.000 \$ NIA 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance hat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.000 \$ NIA 9d. Add all other income. Add line 7 + line 9. 10. Calculate monthly income. Add line 7 + line 9. 11. + \$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income monthly income. 11. State all other regular contributions to the expenses that you if summary of Certain Liabilities and Related Data, if it applies 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income monthly income.			· · · · · · · · · · · · · · · · · · ·									
5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5f. Domestic support obligations 5f. Domestic support obligations 5f. S. 0.000 \$ N/A 5g. Union dues 5f. S. 0.000 \$ N/A 5g. Union dues 5f. Other deductions. Specify: 5h. \$ 0.000 \$ N/A 7h. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.000 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.000 \$ N/A 8. List all other income regularly received: 8. Not income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly not income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8e. \$ 0.000 \$ N/A 8b. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.000 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.000 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 \$ 13,000.00 \$ N/A 11. +\$ 13,000.00 12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 10. Don to include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount i			·			· —			—			
55. Domestic support obligations 5g. Union dues 5g. Union dues 5g. S. 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Specify: \$ 8f. \$ 0.00 \$ N/A 5g. Pension or retirement income 5g. Spe		5d.	· · · · · · · · · · · · · · · · · · ·	50	d.	\$						
5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5e+5f+5e+5h. 6h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5e+5h. 6h. Sh. Sh. Sh. Sh. Sh. Sh. Sh. Sh. Sh. S		5e.	Insurance	56	e.	\$	(.00	\$		N/	A
Sh. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ N/A 7. \$ 0.00 \$ N/A 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly receive include alimonry, spousal support, child support, maintenance, divorce settlement, and property settlement. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimonry, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. 0.00 \$ N/A 9d. 0.00 \$ N/A			Domestic support obligations	5f	f.	\$	(.00	- '—		N/	Α
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimory, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ N/A 8d. Unemployment compensation 8e. \$ 0.00 \$ N/A 8d. Unemployment compensation 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 13,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. ** \$ 0.00 Combined monthly income. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		-			-	· —			· · —			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ N/A 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 13,000.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 13,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 2. \$ 13,000.00 Combined monthly income. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form?			· · · · · · · · · · · · · · · · · · ·	5h	ሰ.+	+ \$.00	+ \$_		N/	<u>A</u>
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Increast and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Social Security 8d. Unemployment compensation 8d. Social Security 8d. Social Security 8d. O.00 \$ N/A 8d. Unemployment compensation 8d. Social Security 8d. O.00 \$ N/A 8d. Unemployment compensation 8d. Social Security 8d. Social Security 8d. O.00 \$ N/A 8d. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 13,000.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 13,000.00 \$ N/A 11. *\$ 13,000.00 \$ N/A 12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 13. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 10. Combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	•	\$.00	. \$_		N/	<u>A</u>
8a. Not income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Social Security 8d. Unemployment compensation 8e. Social Security 8f. O.00 \$ NI/A 8e. Social Security 8f. O.00 \$ NI/A 8e. Social Security 8f. \$ 0.00 \$ NI/A 8f. Social Security 8g. Pension or retirement income	7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$.00	. \$_		N/	<u>A</u>
monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ NI/A 8d. Unemployment compensation 8e. \$ 0.00 \$ NI/A 8e. Social Security 8e. \$ 0.00 \$ NI/A 8f. Other government assistance that you regularly receive Include cash assistance that you requiarly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ NI/A 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 13,000.00 \$ NI/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 13,000.00 \$ NI/A 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. 13. Do you expect an increase or decrease within the year after you file this form?	8.		Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross									
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 13,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 13,000.00 Combined monthly income.				88	a.	\$	13,000	.00	\$		N/	Α
regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Add line 7 + line 9. Add all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? 14. Yes Evelopies		8b.			b.	\$	(.00	\$		N/	A
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. \$			regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		· —			- : —			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 13,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 13,000.00						· —			- '—			
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 13,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. 14. Yes Explain: 15. Combined monthly income. 16. Specify: 17. The result is the combined monthly income. 18. No. 19. Yes Explain: 19. Yes Explain:			•	86	а.	\$		0.00	- \$_		N/	<u>A</u>
8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{13,000.00}{\text{N/A}}\$ \$\frac{\text{N/A}}{\text{N/A}}\$ = \$\frac{13,000.00}{\text{N/A}}\$ =		OI.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		f.	\$	(0.00	\$		N/	A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 13,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 13,000.00 Combined monthly income No.		8g.	Pension or retirement income	 80	g.	\$	(.00	\$			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income No. No.		8h.	Other monthly income. Specify:	8l	h.+	+ \$	C	.00	+ \$		N/	Α
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.	9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	13,000	.00	\$_		N	I/A
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 13,000.00 Combined monthly income No.	10.		•	10.	\$	13,	,000.00	+ \$		N/A	= \$	13,000.00
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\(\) \	11.	Inclu other Do n	lde contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	r dep		•						0.00
monthly income 13. Do you expect an increase or decrease within the year after you file this form? No.	12.	Write	e that amount on the Summary of Schedules and Statistical Summary of Certa								\$_	13,000.00
☐ Voc Evoluin:	13.	Do y	•	1?								
☐ Yes. Explain:												
			Yes. Explain:									

Fill	in this information to identify your case:				
Deb	John Thomas Luciano		Che	eck if this is:	
Dok	btor 2			An amended filing	wing postpetition chapter
	pouse, if filing)		Ц		the following date:
Uni	ited States Bankruptcy Court for the: EASTERN DISTRICT OF PENN	SYLVANIA		MM / DD / YYYY	
	se number 18-13207				
(If k	known)				
0	fficial Form 106J				
	chedule J: Your Expenses				12/1
inf	as complete and accurate as possible. If two married people a formation. If more space is needed, attach another sheet to this mber (if known). Answer every question.				
Pai	rt 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i>	es for Separate Housel	<i>hold</i> of De	btor 2.	
2.	Do you have dependents? □ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	Son		13	Yes
		Daughter		14	□ No ■ Yes
		Daugittei			■ Yes □ No
		Daughter		17	■ Yes
					□ No
		Daughter		18	■ Yes
		Wife		43	□ No ■ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
	rt 2: Estimate Your Ongoing Monthly Expenses				
ex	timate your expenses as of your bankruptcy filing date unless penses as of a date after the bankruptcy is filed. If this is a sup plicable date.	you are using this for plemental <i>Schedule</i>	orm as a s J, check t	upplement in a Chathe box at the top of	apter 13 case to report of the form and fill in the
the	clude expenses paid for with non-cash government assistance a value of such assistance and have included it on Schedule I: fficial Form 106I.)			Your exp	enses
(OI	iliciai Forni 100i.)			Tour oxp	
4.	The rental or home ownership expenses for your residence. payments and any rent for the ground or lot.	Include first mortgage	4.	\$	3,950.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	·	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	·	100.00
5.	4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as he	ome equity loans	4d. 5.		0.00 0.00
٥.			٥.	7	0.00

Debtor 1	John Thomas Luciano	Case number (if known)	18-13207	

btor 1 John Tho	mas Luciano	Case num	ber (if known)	18-13207
Utilities:				
	neat, natural gas	6a.	\$	400.00
•	er, garbage collection	6b.	\$	100.00
	cell phone, Internet, satellite, and cable services	6c.	\$	650.00
6d. Other Spec	•	6d.	\$	0.00
Food and house	·	7.		1,500.00
	ildren's education costs	8.	·	3,000.00
	v, and dry cleaning	9.		200.00
	oducts and services	10.	·	200.00
Medical and dent		11.	·	100.00
	nclude gas, maintenance, bus or train fare.		Ψ	100.00
Do not include car		12.	\$	600.00
	lubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	butions and religious donations	14.		200.00
Insurance.			Ŧ	200.00
	urance deducted from your pay or included in lines 4 or 20.			
15a. Life insuran	, ,	15a.	\$	0.00
15b. Health insur		15b.	•	0.00
15c. Vehicle insu		15c.	·	500.00
15d. Other insura		15d.		0.00
	lude taxes deducted from your pay or included in lines 4 or 20.		Ť	0.00
Specify:	ado anto doduciou nom your pay or moluded in inies 4 or 20.	16.	\$	0.00
Installment or lea	ase payments:		·	0.00
17a. Car paymer		17a.	\$	500.00
17b. Car paymer	nts for Vehicle 2	17b.	\$	0.00
17c. Other Spec	sify:	17c.	\$	0.00
17d. Other. Spec	sify:	17d.	\$	0.00
•	f alimony, maintenance, and support that you did not report as	S	·	
	our pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	you make to support others who do not live with you.		\$	0.00
Specify:		19.		
Other real proper	ty expenses not included in lines 4 or 5 of this form or on Sch	edule I: Yo	our Income.	
20a. Mortgages	on other property	20a.	\$	0.00
20b. Real estate	taxes	20b.	\$	0.00
20c. Property, ho	omeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenanc	e, repair, and upkeep expenses	20d.	\$	0.00
	r's association or condominium dues	20e.		0.00
Other: Specify:			+\$	0.00
			_	0.00
Calculate your m	· ·			
22a. Add lines 4 th	•		\$	12,000.00
22b. Copy line 22	(monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a	and 22b. The result is your monthly expenses.		\$	12,000.00
				<u>, </u>
•	onthly net income.	225	¢	10 000 00
	2 (your combined monthly income) from Schedule I.	23a.	·	13,000.00
23b. Copy your n	nonthly expenses from line 22c above.	23b.	-\$	12,000.00
23c Subtract voi	ur monthly expenses from your monthly income			
	ur monthly expenses from your monthly income. s your <i>monthly net income</i> .	23c.	\$	1,000.00
o rocalt ic	- ,, 		1	
	n increase or decrease in your expenses within the year after y			
	expect to finish paying for your car loan within the year or do you expect you erms of your mortgage?	ıı mortgage	payment to incre	ease or decrease because
No.	anno or your moregago:			
	Cyplain hora:			
☐ Yes.	Explain here:			